



## General

### Guideline Title

Surgical safety checklist in obstetrics and gynaecology.

### Bibliographic Source(s)

Singh SS, Mehra N, Hopkins L, Clinical Practice Gynaecology Committee. Surgical safety checklist in obstetrics and gynaecology. J Obstet Gynaecol Can. 2012;35(1 eSuppl B):S1-5. [13 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The quality of evidence (I-III) and classification of recommendations (A-E, L) are defined at the end of the "Major Recommendations."

#### Background

##### Summary Statements

- Surgery may account for up to 40% of all hospital adverse events. (II-2)
- Good communication is essential for safer surgical care, as communication failure is common in the operating room. (III)

#### The World Health Organization (WHO) Surgical Safety Checklist (SSCL)

##### Summary Statement

The concept of a SSCL has been studied globally, and there have been decreases in complications and mortality when the checklist has been implemented. (II-1)

##### Recommendation

1. The SSCL should be adopted by all surgical care providers and their respective institutions to improve patient safety. (II-1A)

#### Surgical Safety Checklist Outline

##### Recommendation

2. Surgeons should be familiar with, advocate for the use of, and participate in all 3 parts of the SSCL. (II-1A)

## SSCL in Obstetrics

### Recommendation

3. The SSCL may be modified and adapted for use in surgical obstetrics cases. (II-2A)

### Emergency Cases

#### Summary Statement

Emergency cases such as a "crash" Caesarean section will require a modified approach that is centre- and situation-dependent. (III)

### International and National Perspectives

#### Summary Statement

The Society of Obstetricians and Gynaecologists of Canada (SOGC) endorses the adoption of the SSCL in obstetrics and gynaecology. (III)

### Definitions:

#### Quality of Evidence Assessment\*

I: Evidence obtained from at least one properly randomized controlled trial

II-1: Evidence from well-designed controlled trials without randomization

II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

\*Adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

#### Classification of Recommendations†

A. There is good evidence to recommend the clinical preventive action

B. There is fair evidence to recommend the clinical preventive action

C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making

D. There is fair evidence to recommend against the clinical preventive action

E. There is good evidence to recommend against the clinical preventive action

L. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

†Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

Obstetrical or gynaecologic conditions requiring surgery

## Guideline Category

Management

Prevention

## Clinical Specialty

Obstetrics and Gynecology

Surgery

## Intended Users

Advanced Practice Nurses

Hospitals

Nurses

Physicians

## Guideline Objective(s)

To provide guidance on the implementation of a surgical safety checklist (SSCL) in the practice of obstetrics and gynaecology

## Target Population

Women undergoing obstetrical or gynaecologic surgery including emergency Caesarean section

## Interventions and Practices Considered

Adoption and modification, as necessary, of a surgical safety checklist

## Major Outcomes Considered

Impact of the surgical safety checklist (SSCL) on surgical morbidity and mortality

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Medline databases were searched for articles on subjects related to "Surgical Safety Checklist" published in English from January 2001 to January 2011. Results were restricted to systematic reviews, randomized control trials/controlled clinical trials, and observational studies. Searches were

updated on a regular basis and incorporated in the guideline to January 2012.

## Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Quality of Evidence Assessment\*

I: Evidence obtained from at least one properly randomized controlled trial

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II-2: Evidence from well-designed cohort (prospective or retrospective) or case-control studies, preferably from more than one centre or research group

II-3: Evidence obtained from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be included in this category

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees

\*Adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

## Methods Used to Analyze the Evidence

Systematic Review

## Description of the Methods Used to Analyze the Evidence

The quality of evidence was rated with use of the criteria described by the Canadian Task Force on Preventive Health Care. Recommendations for practice were ranked according to the method described by the Task Force. (See the "Rating Scheme for the Strength of the Evidence" and the "Rating Scheme for the Strength of the Recommendations" fields.)

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Classification of Recommendations†

A. There is good evidence to recommend the clinical preventive action

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†Adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Internal Peer Review

## Description of Method of Guideline Validation

This clinical practice guideline has been reviewed by the Clinical Practice Gynaecology Committee and reviewed and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

## Evidence Supporting the Recommendations

### Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Implementation of the guideline recommendations will improve the health and well-being of women undergoing obstetrical or gynaecologic surgery.

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

This document reflects emerging clinical and scientific advances on the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

# Implementation of the Guideline

## Description of Implementation Strategy

An implementation strategy was not provided.

## Implementation Tools

Chart Documentation/Checklists/Forms

Foreign Language Translations

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Getting Better

Staying Healthy

### IOM Domain

Effectiveness

Patient-centeredness

Safety

## Identifying Information and Availability

### Bibliographic Source(s)

Singh SS, Mehra N, Hopkins L, Clinical Practice Gynaecology Committee. Surgical safety checklist in obstetrics and gynaecology. J Obstet Gynaecol Can. 2012;35(1 eSuppl B):S1-5. [13 references]

## Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2013 Jan

## Guideline Developer(s)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

## Source(s) of Funding

Society of Obstetricians and Gynaecologists of Canada

## Guideline Committee

Clinical Practice Gynaecology Committee

## Composition of Group That Authored the Guideline

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## Financial Disclosures/Conflicts of Interest

Disclosure statements have been received from all members of the committee.

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Obstetricians and Gynaecologists of Canada \(SOGC\) Web site](#) . Also available in French from the [SOGC Web site](#) .

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416.

## Availability of Companion Documents

A surgical safety checklist and a surgical safety checklist for obstetrics are included in the [original guideline document](#) .

## Patient Resources

None available

## NGC Status

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## Copyright Statement

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